

11/05/98



JCS06 U.S. PTO

PATENT APPLICATION
Attorney's Do. No. 2705-39

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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DATE OF DEPOSIT: NOVEMBER 5, 1998

I HEREBY CERTIFY THAT THIS PAPER AND ENCLOSURES AND/OR FEE ARE BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: BOX PATENT APPLICATION, ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON D.C. 20231.

JOANNA MOSSER

(SENDER'S PRINTED NAME)

Joanna Mosser
(SIGNATURE)

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09/186977



11/05/98

Box Patent Application
Assistant Commissioner for Patents
Washington, DC 20231

Enclosed for filing is a patent application under 37 CFR 1.53(b) of: R. Ashby Armistead
entitled MODEM FAILOVER WITHOUT CALL LOSS

This application is a [] continuation, [] divisional, [] continuation-in-part of prior
application Serial No. _____.

Enclosures:

- [X] Specification (pages 1-18); claims (pages 19-26); abstract (page 27)
- [X] 4 sheets of informal drawings
- [X] Declaration or Combined Declaration and Power of Attorney
 - [X] Newly executed
 - [] Copy from a prior application (37 CFR 1.63(d))
 - [] Incorporation by Reference--The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
 - [] Deletion of Inventors (signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
- [] Power of Attorney
- [X] Assignment with cover sheet
- [] Certified copy of priority document:

- [] Information Disclosure Statement with Form PTO 1449
 [] Copies of references listed on attached Form PTO-1449
 [] Preliminary Amendment

CLAIMS AS FILED				
For	Number Filed	Number Extra	Rate	Basic Fee \$ 790.00
Total Claims	31-20	11	x \$22.00 =	242.00
Independent Claims	7-3	4	x \$82.00 =	328.00
Multiple Dependent Claim Fee			x \$270.00 =	
TOTAL FILING FEE				\$1,360.00

- [] Cancel in this divisional application original claims _____ of the prior application Serial No. _____ before calculating the filing fee. (At least one original independent claim must be retained for filing purposes.)


[X] A check in the amount of \$1,400.00 to cover [X] filing fee (\$1,360) and [X] assignment recordal fee (\$40) is enclosed.

[X] Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.

Customer No. 20575

Respectfully submitted,

MARGER JOHNSON
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 Stephen S. Ford
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